

Nebraska Workers' Compensation Court

MONTHLY TUTOR PAYMENT FORM

Payment cannot be processed without a *Monthly Progress Report*. Submit both fully completed forms to the student's vocational rehabilitation counselor.

Tutor Name:					_ Social Security#: (Required for payment)			
						(Required for)	payment)	
ddress: (Street Address)				(City)	(S	tate)	(Zip)	
Phone:					Student:	·	•	(1 /
Dates, Hours, a	and Type	of Instruc	ction:		_			
DATE	GROUP		INDIVIDUAL					
MM/DD/YYYY	TIME IN/OUT			TOTAL # HOURS	I certify that this information is correct to the best my knowledge.			he best of
					Tutor Signature Date			Date
					Vocational Rehabilitation Counselor Date Signature			
					For Court Use Only			
					Hourly Rate	Group	\$	
					´	Individual	\$	
					-	maividuai	Ψ	
				Hours Per Month	Group			
						Individual		
					Total Amount to be Paid to Tutor			
					\$			
	Total		Total			al Rehabilitation		Date